PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER						Attorney's Docket No:			
1/4.		<u>,</u>			<u>. </u>	A-605			
Seria No.	0 545	Filing Da		Examiner Tedeschi, B.		Group Art Unit 1642			
	09/389,545		September 3, 1999			I	1042		
In Re Sphication of Dunstan									
For Compositions and Methods for the Prevention or Treatment of Cancer and Bone Loss Associated with Cancer									
TO THE ASSISTA	NT COMMISSIONE	R FOR PA	TENTS:						
	nt(s) request(s) the f	ollowing e	xtension of time und	der 37 CFR 1.136(a):					
One month of original due date (\$110.00)					F	RECEIVED			
☐ Two months of original due date (\$390.00)									
☐ Three months of original due date (\$890.00)							1 9 2	001	
Four months of original due date (\$1,390.00)									
☐ Five months of original due date (\$1,890.00)				TE	TECH CENTER 1600/2900				
	nse in connection w	ith the ma	tter for which this ex	tension is requested:	11-1	JI I OLIV	1 = (1 / 0		
⊠ is fil	ed herewith.								
☐ has	been filed.								
 □ The	response is the filir	o of a cor	tinuing prosecution	application, the prior a	nolicati	on havino	an expre	ess	
				ate to the continuing a					
				s; no additional fee is					
☐ The acc	ompanving papers	include am	nended claims the fe	ee for which has been	calculat	ed as follo	ws:		
☑ The accompanying papers include amended claims the fee for which has been calculated as follows: CLAIMS AS AMENDED									
(1)	(2)	(3)	(4)	(5)	T	(6)		(7)	
(1)	Claims remaining	(0)	Highest number	No. of Extra	1	(0)		Additional	
	After amendment		Previously paid for			Rate		Fee	
Total Claims	31	Minus	47 =	0	Х	\$18	=	\$ 0.00	
Indep. Claims	2	Minus	4 =	0	Х	\$80	=	0.00	
First Appearance of a multiple dependent claim					+	\$270	=	0.00	
				e for this Amendment				\$0.00	
			nn 4, write "0" in column						
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. 									
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate									
box in Col 1, of a prior amendment or the number of claims originally filed.									
☐ The following other fees are incurred by the accompanying papers.									
☐ Other:									
Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ 890.00. A duplicate copy of									
this petition is attached.									
☑ If an additional extension of time is required, please consider this a request therefore.									
The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519									
Please Send Future Correspondence To:									
US Patent Operations/RBW							•		
Dept. 4300, M/S 27-4-A Robert B. Wife									
AMGEN INC.				Attorney/Agent for Applicant(s)					
One Amgen Center Drive			F	Registration No.: 34,458					
Thousand Oaks, C	alifornia 91320-179	9		Phone: (805) 447-2425				-	
Date: September 14, 2001									

EXPRESS MAIL CERTIFICATE

"Express Mail" mail labeling number:	EL198797403US	Date of Deposit:	September 14, 2001						
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail/Post Office to Addressee Rervice under 37 C.F.R. 1.10 on the date indicated above and is addressed to Box Response, Assistant Commissioner for Patents, Washington, D.C. 20231.									
Indicated above and is addressed to b	Charles Charles Constitution of the Constituti	sins, washington DC 20231.	A Jua habarra						

Signature